provided at various national, regional and International meetings.

STATEMENT

Main Points :

1. Legislation of women's property/land rights.
2. Scientific assessment of women's contribution to the economy resulting in setallite accounts of gender disaggregated data.
3. National and Regional studies on the structural policy safety nets i.e. social security funds.
4. Trafficking of girls and women - closer consultation and networking.
5. Advocacy on Home-Based Workers in line with the ILO Convention Communication strategies, dissemination and sharing of experiences.
6. Sharing of housework - pilot work.
7. Implementing mechanisms - Gender capacity building, resources, self-help groups.
8. Exploitation on women, and
9. A regular dialogue on post-Beijing activities.

Reformulation of Population Policy

*156. SHRI CHITTA BASU : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the Common Minimum Programme adopted by the Government has spelt out any population policy;

(b) if so, the details thereof;

(c) whether the Government propose to reformulate the population policy; and

(d) if so, by when?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI) : (a) No, Sir.

(b) Does not arise.

(c) and (d). A Group of Experts prepared a preliminary draft of National Population Policy. On the basis of comments on the preliminary draft received from other Ministries/States, a Statement on National Population Policy has been drafted and is laid on the table of the Sabha. This draft Statement alongwith Cabinet Note has been circulated among concerned Ministries/Departments of the Goverment of India for final comments before seeking the approval of the Cabinet.

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Draft National Population Policy

Towards a National Population Policy

In 1951, India launched the first official Family Planning Programme in the world, with the objective of "reducing the birth rate to the extent necessary to stabilise the population at a level consistent with the requirement of the national economy." A Statement on National Popolation Policy was made in 1976, and a Policy Statement on the Family Welfare Programme was made in 1977. The National Health Policy of 1983 emphasised the need for "securing the small family norm, through voluntary efforts, and moving towards the goal of population stabilization". The National Health Policy stated the need for a separate National Population Policy. The National Development Council (NDC) appointed a Committee of the NDC on Population in 1991. The report of this Committee, endorsed by the NDC in 1993, recommended that "a National Policy on Population should be formulated by the Government and adopted by the Parliament". A Group of Experts was set up to prepare a preliminary draft of the Population Policy. This Group has made some valuable suggestions. **This Statement on National Population Policy is a culmination of the exercise initiated with the NDC's Committee on Population.**

Population in India's Planning Process

Improving the quality of human life based on the principles of self-reliance, social justice and harmony between human population and nature has been a cornerstone of India's development policies and strategies since the beginning of the First Five Year Plan in 1950-51. India has been one of the first countries in the post World War II era to attend seriously to population issues. This has led to substantial achievements. However, the growth rate of population continues to be high.

Variations between States

Uneven progress among States in population stabilisation has been one of the factors responsible for a high national growth rate. Thus, while for the country as a whole the Total Fertility Rate (TFR) was 3.5 in 1993, it was 5.2 in Uttar Pradesh, 4.2 in Madhya Pradesh, 4.5 in Rajasthan and 4.6 in Bihar. On the other hand, the TFR was 1.7 in Kerala and 2.1 in Tamil Nadu, the two major States which have already reached below replacement level of fertility. The four large states contributed 42 percent of the net increase in India's population during 1981-91. It is thus evident that population stabilisation strategies will have to keep in view the diversity prevailing among States in total fertility rate, death rate and infant mortality rate. Policies and programmes will have to be tailored to suit the particular socio-cultural and socio-economic factors prevailing in each area. Recent developments provide an excellent opportunity for promoting the concept of **Unity in national population goal but diversity in implementation strategies**. With the Panchayati Raj Acts coming into force in all States and Union Territories consequent on the 73rd Amendment to the Constitution of India, there is a real opportunity for planning at grassroot level. Hence, this Population Policy is structured on the basic premise: **think, plan and locally and support nationally**. Such a shift in approach is fundamental to achieving a population policy driven by peoples' perceived needs. Based on the national population policy framework, each panchayat and nagarpalika can develop a blue print for action based on intergrated attention to health, education and environment with sensitivity to gender and poverty issues.

Population and Poverty

The World Health Organisation (WHO) defines health as "a state of complete, physical, mental and social well being and not merely absence of disease or infirmity". To achieve this, it is necessary not only to adopt a holistic approach to health but also to recognise the need for giving priority to effective implementation of our policies and programmes designed to ensure poverty eradication, environmental protection and gender equity. The current global development pathways are leading to a continuous increase in the gap between the incomes of the poor and the rich, besides damaging basic life support systems of land, water, flora, fauna and the atmosphere. Development which is not equitable will not be sustainable in the long run. Programmes for generating an enabling environment where all people can experience a healthy and

productive life will **call for speedy and effective implementation of the Minimum Needs Programme** and in particular, for according the highest priority to (a) safe drinking water and good sanitation, (b) ensuring the health of families, (c) providing opportunities to plan the size of one's family, (d) education of children, with particular attention to the girl child, (e) provision of creches and child care services to support working mothers, and (f) increasing the income earning capacity for both men and women.

Population and the Environment

Gandhiji said "We have enough for everyone's need, but not for everyone's greed." The consequences of our failure to achieve a continuous improvement in the quality of life of all in harmony with nature are grave. Prime farm land is getting diverted at a rapid rate for non-farm uses. Per capita land and water availability is declining to levels where both national food and drinking water security are at grave risk. Nearly 50 per cent of the irrigation water now comes from ground water and increasingly, the static component of ground water (which is not annually replenished by raintall) is being exploited. Precious biological diversity is getting lost due to the destruction of coastal, mountain and forest habitats rich in genetic diversity. Pollution by non-biodegradable and toxic wastes is also growing. The unsustainable life styles of both wealthy nations and wealthy people everywhere are posing threat to climate, particularly precipitation and are contributing to a potential rise in sea levels and ultraviolet-B radiation. Under such circumstances the loss of every gene or species limits our capacity to adapt to new situations. It is high time the limits to the human carrying capacity of the supporting eco-systems are recognised.

Gender Equity and Gender Balance

The emergence of grassroot level democratic structures provides opportunities for correcting the prevailing gender imbalance in the acceptance of contraception. The neglect of the girl child, the higher levels of child mortality of females as compared to males, persistence of female child labour, low literacy rates for women, the high drop-out rates for girls, the low age at marriage, the high proportion of teenage high risk mothers and low birth weight babies, the high maternal and infant mortality rates and increasing violence against women are all areas where urgent remedial action is called for. **The decline in sex ratio is a warning signal.** The sex ratio for the country of 927 females per 1000 males observed in the 1991 census is indicative of extensive discrimination against women. Only Kerala has a sex ratio exceeding unity. Women's participation in formal groups such as panchayats or informal groups such as Mahila Mandals, Mahila Swasthya Sanghs and voluntary organisations are the most effective and sensitive vehicles for rectifying gender imbalances and promoting the interests of women. Nearly one million reserved seats will be available for women in panchayats in the country as a whole. Such political and social empowerment, if supported by steps designed to strengthen the capability of women in decision-making processes, should help us to make a **new beginning in integrating gender equity in plans for health and family welfare and also help to arrest and reverse the declining sex ratio.**

Men have often misused their power to satisfy their greed for more and more and have resorted to unsustainable and irreversible exploitation of natural resources to the detriment of the less powerful segments of society whose primary needs cannot be met because of the greed of the high and mighty. Observance of Panchsheel of gender relations would emancipate men from their mindset of greed, encourage women to rise to their full potential, achieve gender equity and eliminate gender conflicts.

'Panchsheel for Gender Relations'

(i) Equality of Status

(ii) Respect for the views and independence of the other even in situations of interdependence.

(iii) Gentle courtesy in personal and social relations.

(iv) Extending maximum assistance to the other to achieve full potential.

(v) Abjuring possessiveness.

Enablement and Empowerment for Population Stabilisation

Annually more people are added to the population of India than any other country in the world. Even now, those living below the poverty line are numerically as many as the total population of India at the beginning of the First Five Year Plan, i.e. about 360 million. Population, poverty and environmental degradation have close linkages and quest for food, education, health and work for all will remain illusory unless success is achieved in limiting the growth of population. It must be recognised that given India's age structure and the current levels of fertility and mortality, the populations has an inbuilt momentum for continued growth. This implies that the population will continue to grow for the next few decades in spite of continuing decline in the birth rate. By the year 2000, a population of over 1000 million seems inevitable. In terms of employment, this would mean that nearly 100 million new jobs will have to be created by the end of this century. **An enabling environment and empowerment mechanisms are needed to accelerate the march towards the goal of**

population stabilisation by achieving a Total Fertility Rate (TFR) of 2.1 by the year 2010.

Empowerment Mechanisms and Policy Initiatives

There is need to achieve a proper match between steps to promote an enabling environment and those designed to empower Governments, communities and families in achieving the family welfare goals. The proposed empowerment mechanisms are enumerated below :

Family : The tendency to shift the entire responsibility for family limitation to women will be checked and the culture of joint responsibility of the couple in all matters relating to the family will be nurtured through various steps including the removal of gender bias in textbooks, media and public services. The contraceptive services provided to the family will be based on informed choice and decisions will rest with the users.

Panchayati Raj and Nagarpalika Institutions : Each panchayat and nagarpalika will be encourged to prepare a **socio-demographic charter** for the respective village, town or city. The village/town/city level charter will have specific goals for population stabilistation developed after discussion among the people of the area. The charter will pay particular attention to achieving a balance between human pupulation and resources available to the community. In addition, the charter will indicate the steps which the local community plans to initiate for ending social evils like dowry, child marriage, female foeticide and infanticide and female and male illiteracy. It will also develop guidelines for improving the quality of life. Such a charter will include a blue print for action, which will spell out the financial and technical support needed.

District : At the district level a **broad-based administrative mechanism** will be formed by networking of existing departmental and elected bodies with NGOs, social workers etc. This mechanism will monitor progress in implementing the village and town socio-demographic charters and ensure their success. An important responsibility of this arrangement would be to achieve convergence and synergy among all ongoing Governmental and non-Governmental programme in the areas of population containment and social development. The structure of this district level mechanism may vary from State to State and existing bodies may be entrusted this task. Central funds under the Family Welfare Programme and various other social sector programmes may be granted directly to the district level.

State : A major role of State Governments will be the promotion of integrated quality of life improvement measures, with a focus on education and population limitation methods. The quality and adequacy of the health care and contraceptive delivery systems will need particular attention. Effective and safe contraceptive methods, chosen on the basis of informed choice, should be available to all who want to use them.

National Level : A Cabinet Committee on Population and Development will monitor the implementation of the National Population Policy, besides providing political and policy guidance. It will be chaired by the Prime Minister and will consist of the Ministers incharge of Health and Family Welfare, Finance, HRD, Welfare, I & B, Rural Development, Urban Development, Environment and Deputy Chairman, Planning Commission and others as decided by the Prime Minister.

Freezing of Seats in Parliament and State Legislatures

To ensure strong political commitment, legislation will be undertaken to prospectively debar persons who do not adopt the small family norm from all elective office. Political leaders at all levels will be encouraged to refer to family planning and family welfare in all their public communications, in any forum whatsoever.

As of now, the seats in Parliament and State legislatures are frozen till the year 2001. Consistent with the goals of this policy, it is proposed to extend the period of freezing of seats upto the year 2011.

International and Internal Migration

The problems of **migration** will be addressed in all its aspects including the proliferation of urban slums.

Documented international migrants will be accorded rights and responsibilities according to the national law.

Potential international migrants will be made aware of the conditions for entry, stay and employment so as to deter undocumented migration. Legal action will be taken against those who organize undocumented migration and exploit such migrants. The return of undocumented migrants to their countries of origin will be encouraged and facilitated.

In view of the rapid urbanization and resultant pressures on civic amenities and the environment, a balanced spatial distribution of the population will be fostered. This will take into account the role of economic and environmental policies, sectoral priorities, infrastructure investment and balance of resources among Central, State and local authorities.

Goals

The following goals, incorporating the goals adopted by the International Conference on Population and Development (ICPD), 1994, are set :

(i) Universal primary education by the year .....A.D. and universal female literacy by the year....A.D.;

(ii) Infant Mortality Rate (IMR) of below 35 per 1000 live births by the year 2015 A.D.;

(iii) Under -5 Child Mortality Rate (CMR) of below 45 per 1000 population in the age group, by the year 2015 A.D.;

(iv) Maternal Mortality Rate (MMR) below 75 per 100,000 live births by the year 2015 A.D.;

(v) A life expectancy at birth greater than 70 years, both for men and women, by the year 2015 A.D.; reduction of morbidity and mortality differentials between males and females, as well as between geographical regions, social classes and ethnic groups;

(vi) Universal access to quality reproductive health care, through the primary health care system, including both services and information, by the year 2015 A.D.;

(vii) Reduction in the incidence of marriage of girls below the legal age of marriage to zero, by the year 2000 A.D.;

(viii) Increase in the percentage of deliveries conducted by trained personnel to 100 percent by the year... A.D.;

(ix) Containment of HIV/AIDS and sexually transmitted diseases;

(x) Full civil registration of births and deaths by the year 2000 A.D.; registration of marriages to be made compulsory by law.

(xi) Total Fertility Rate of 2.1 by the year 2010 A.D.

States which have achieved these goals or achieve them before the specified years should aim to achieve better socio-demographic and reproductive health indicators.

This Population Policy, if implemented by individuals and Governments, irrespective of religion, caste or political affiliation, **will help to provide a better common present and future to all our people.** It is being introduced in a time of historic transition in the evolution of political instruments capable of enabling people in villages and towns to guide and shape their own destiny. **If our population policy goes wrong, nothing else will have a chance to go right.**

Strategy for Implementation

Primary Health Care

A package of Reproductive Health Care will be delivered through the primary health care system and efforts will be made to integrate the different components of health like MCH, reproductive and sexual health, as also the national programmes for the control/ eradication of malaria, leprosy, tuberculosis, blindness, AIDS etc.

A holistic and comprehensive approach to health would be identified and implemented. This will mean that the programme will be reaching beyond maternal and child health care and family planning services to cater to gynaecological and sexual problems, safe abortion services and reproductive health education. The health package will include attention to AIDS and reproductive tract-infections. The emphasis will be on quality services for prevention and cure.

Access to availale, acceptable and affordable quality health care services and information will be a strategy central to reducing mortality and morbidity. Ensuring access to services and information to women and disadvantaged sections of the population will be a priority task.

Reproductive Health Care

The service delivery mechanism for health and family welfare services is already integrated through the Primary Health Centres and Sub-centres. The existing family planning and MCH services will be broadened to include other aspects of reproductive health care, at a pace appropriate to the capacity in each State, ensuring the quality of services rendered. Equipment and supplies required to provide the identified range of services, ensuring quality of care, will be provided.

The system of setting method-wise contraceptive targets has already been replaced by decentralised participatory planning at the Primary Health Centre level.

Maternal health services will be provided through the primary health care system to reduce the maternal motrality rate. These would include education on safe motherhood, safe and effective prenatal care, assistance at delivery by trained personnel, emergency obstetric care, referral services, and postnatal care. Measures will be taken to prevent, detect and manage high-risk pregnancies and births, particularly those to adolescents and late parity women.

Another critical area deserving attention concerns the large number of unsafe abortions conducted by unqualified persons which has led to high morbidity and mortality among women. Every effort will be made to reduce such unsafe abortions. Primary health centres and community health centres will be properly equipped to carry out safe abortions in accordance with the law, and such facilities will be made more accessible.

Training of Staff

The service providers, namely the medical and paramedical personnel will continue to provide services in the rural and urban areas under State Governments. However, there will be an effective programme for

induction, promotion, continuing education, training and orientation at all levels. There is also need for reallocation of duties and above all a change in attitude towards the whole programme. The Chief Medical Officer in each district, who should have public health training and orientation, will prepare **a district morbidity, mortality and fertility profile.** This will help in prioritising various ongoing health programmes. In this context, health management and skill formation will be key factors. The provision of quality health services and in particular, screening and aftercare services for all contraceptive acceptors are high priority issues. The credibility of the programme can improve only through improving the quality of services, efficient logistical support and better management at the grassroots level. The training will be planned at the district level. Training reserves will be created to enable release of personnel for training on regular basis The content of the training input will be oriented to the practical.

Reproductive and Child Health and Public Health will be stressed in the medical education curricula.

Contraceptive Methods

The Indian Family Planning Programme in its earlier years mainly offered barrier methods for women, until some leading medical experts and administrators promoted the vasectomy operation for men as a terminal method. Female sterilisation also soon become well known, and as the programme spread from urban to rural areas, sterilisation became prevalent as it was a safe, one-time procedure, freed the acceptor from further action, and limited the size of the family.

The balance between the numbers of vasectomies and tubectomies has drastically altered in recent years, and today women form the majority among acceptors of sterilisation operations. It is necessary to redress this. Men should come forward again for vasectomy where family limitation is desired, as also in adopting the condom method, thus sharing the responsibility for family planning.

Another crucial consideration lies in the fact that there should be as wide a range as possible of methods available from which to choose. Sterilisation still continues to be the leading method, but if it is resorted to by older couples who already have three or more children, it does not have the desired demographic impact. In view of the prevalence of early marriage, methods which help to space births need to be easily accessible with quality services for younger couples who, on completion of their family, may choose sterilisation thereafter. Spacing of births undoubtedly has a positive impace on the health of women, and will be promoted accordingly.

Apart from the barrier methods, there now exist newer methods which women can use for spacing. It is possible that bio-medical research will yield non-terminal and reversible methods of contraception for men also. It has to be recognised that no medication, including that for contraception, is completely free from side effects. But India has an efficient scientific set-up for testing for safety, efficacy, reliability, and acceptability of contraceptive methods before introducing them into the Family Welfare Programme. Although controversies are raised from time to time about various methods, there is no reason why a range of methods, provided they are scientifically tested and approved, meet ethical standards and are backed up by appropriate services, should not be made available to men and women. In delivering services, it must be ensured that all potential users can exercise a free choice, backed by full information and counselling about the safety, efficacy and possible side effects of each method, and how they should be used. Changing methods when so desired is also a part of informed, free choice.

Safe and effective methods, counselling, informed choice, quality services, adequate supplies, and careful followup, are essential requirements for promoting contraception.

Incentives

Incentives in cash or kind given by the Central and State Governments for the acceptors of contraception as well as to motivators and service providers will be discontinued in a time-bound manner. Community incentives aimed at encouraging the community to undertake activities resulting in reduction of birth rate, infact and maternal mortality rates, increase in female literacy, increasing the age of girls at marriage etc. have been introduced. The possibility of introducing income tax concessions, in the form of higher tax exemption limit or in others forms will be examined. Innovative schemes specifically directed to improve the status of the girl child and eliminating adverse sex ratio would be developed. Special attention will be given to the areas and States having a high TFR and IMR.

Organised Sector

The employees of the Central Government, State Governments Municipalities, and employees of various public sector undertakings must give the lead in adopting the two child norm. The service rules in the Central and State Governments and their undertakings would be suitably modified to ensure that the two child norm is adopted by their employees. Similarly, all new entrants to the Government who are married before the legal age of marriage will be debarred from recruitment. Promotion policies should be such that the adoption of the two child norm in encouraged. The entire organised sector (public as well as private) must also take similar steps in order to create an environment where the two child norm is adopted by these relatively better off classes of society.

Health Insurance

The Life Insurance Corporation and private sector insurance companies would be asked to draw-up suitable **schemes for group health insurance** for workers in the unorganised sector and their families. It will be mandatory for the employers in the organised sector to provide for such group health insurance.

Gender Code

Every effort will be made to eliminate all discrimination against women. In this context the media and advertisement agencies must develop **a gender code** which eliminates glorifying violence and vulgarity. Steps will be taken to provide special care for the girl child and the adolescent girl through higher levels of school enrolment, skill formation and income generating capacity. This will also be conducive to raising the age at marriage and adoption of contraceptive methods based on informed choice.

Population Programmes as a People's Programme

The Government bears the primary responsibility for policies, planning and country-wide promotion of programmes for population and social development. At the same time, not only are its tasks made easier, but it is a part of good Governance to evoke the **whole hearted participation of the people in population stabilization measures on the basis of shared perceptions and goals.** Voluntary and non-Governmental organisations can be particularly effective in mobilising the community, bringing about social change in attitudes and behaviour as in gender issues, fighting evil customs like dowry and increasing people's participation through communication, management and marketing skills. They can also help to promote the adoption of orphan children after a couple have had a child of thier own, so that children already born have a chance to have a happy life. Voluntary organisations will be fully involved in policy, planning and implementation and social development. They will be given the necessary authority and autonomy to be innovative in socially relevant ideas, subject to financial accountability and ethical norms.

It is recognised that a large majority of the health functions can be handled by the community with effective support from functionaries of the health care system. This would involve transfer of knowledge and skills from the health workers to the community. Health workers and the community would be oriented in simple, inexpensive interventions to ensure the survival and development of children. While emphasis would be on prevention and management of common childhood diseases, recognition of danger signs when the child needs to be managed in a health facility would be taught to health workers and mothers. To provide effective referral support, a network of first referral units would be set up.

Information, Education and Communication (IEC)

Information, Education and Communication (IEC) efforts are vital for the successful implementation of the population policy. However, the infrastructure for implementing IEC measures, both at the Centre and in the States, remains inadequate. The IEC strategy tends to be centralised and the arrangements confined by and large to official sources.

The State Governments will take up the task of formulating State-specific strategies on IEC. Panchayats, zilla parishads, negarpalikas and NGOs will be involved in implementation and follow-up. IEC will be an integral part of the population planning process at all these levels.

All IEC efforts will be such that informed choices on all issues are facilitated, educational efforts both formal and non-formal are sensitive to population issues and the process of communication is holistic and focussed, keeping the diversities and imbalances in the country in view. The role of interpersonal communication is vital and therefore health providers should be suitably trained.

The media as well as the institutions and individuals involved, whether of Government or outside, should be persuaded of their social responsibility to take up issues relating to population and family welfare voluntarily.

The emphasis in IEC will be equally on men and women. Such an emphasis will be nurtured and maintained through various steps including the removal of gender bias in text books, and in print and electronic media.

Information, Education, Communication (IEC) efforts are not a substitute for actual services in the field or for the quality and reliability aspects of the programmes. IEC activities are supportive to the programme; hence the linkages with the service delivery aspects and the ground realities will be strengthened.

Informed choice is a pre-requisite to a radical paradigm shift and change in the scene. Providing **full information and supportive counselling** that enables informed choice is the only way for sustained motivation and that will be a prime task of IEC.

Mass media should create a social environment for population stabilisation and echo the initiatives and programmes at the panchayat and nagarpalika levels, as is the case with literacy campaigns. School, college and university systems should have more vigorous population, family health and reproductive health education modules as part of syllabi at various levels in order to crystalise the **concept of responsible parenthood and safe sex.**

To strengthen a broadbased population stabilisation programme, sustained efforts will be made to utilise the services of various media of communication, corporate sector, private medical practitioners of allopathic and indigenous systems of medicine, members of professional and para professional organisations such as the Indian Medical Association, Medical, Dental, Pharmacy and Nursing Councils, youth and womens' associations, and other reputed voluntary organisations. Special efforts will be made to communicate the family planning messages in the cultural context.

The need today is for a **more decentralised, locally relevant use of media** of communication, in order to carry the messages effectively at the grossroot level.

The motivation of field cadres in the social sector departments and their involvement in the population stabilisation efforts will be strengthened.

Curricula at various levels of the education system, formal and non-formal, should encompass population issues and aspects related to family life.

Political Support for the Population Programme

Total and sustained political support for the positive goals involved in the population problem at all levels in the country will go a long way toward fostering a mind set favourable for achieving goals and the desired results. The increase in the population in one of the most serious problems facing the country today, and the political leadership cannot remain aloof to this issue. The increase in the population has ramifications involving not only the welfare and development of the country, but also social tranquility and harmony. Population issues, therefore, need to be addressed by political leadership irrespective of party or political affiliation. Suitable mechanisms have to be developed at all levels to elicit support to the National Population Policy and to the population programme. Similarly, other groups like social and cultural leaders, trade unions, student bodies, professional associations of health care providers and employers in the organised sector will be sensitised for giving their support to the population programme of the country.

The identification of family planning with contraception/sterilisation has limited the perspective of the Family Welfare Programme and has created a negative image in the minds of the people. This in turn has not been conducive to enlisting the voice and advocacy of many political entities. If the family planning/family welfare programme is to succeed in enlisting a broad spectrum of political and public support, it is essential to erase its present negative image, and substitute it with the positive image of the programme. Such a programme will emphasise measures like higher age at marriage, literacy, education, reduction of infant mortality, increasing birth spacing, promotion of breast feeding, management of infertility, adoption of orphan children, and the desirability of having a planned family.

Panchayats, Nagarpalikas and Community Participation

Under the new local bodies legislation, one-third of the members of these bodies will be women and one-third will belong to the weaker sections of the community. In order to make decentralised, democratic planning effective, every step will be taken to give the much needed information to all members of the panchayats, zilla parishads and nagarpalikas about various ongoing programmes and also upgrade their level of knowledge about the issues involved through continuous orientation programmes.

Initiatives should be left to the people to help themselves through community participation and voluntary efforts, thereby reducing their dependence on the Government. There should be increasing community participation in areas like literacy, education, bygiene, sanitation, public health, family welfare and environment protection. Management of primary and community health centres and dispensaries and hospitals in rural areas will be passed on to the panchayati raj institutions.

Women and Children

During the last two decades, several programmes specifically aimed at the girl child, adolescent girls and women have been in operation. All such programmes will be reviewed, streamlined and strengthened. Every effort will be made to universalise female literacy and also ensure high enrolment rate for girls right upto the secondary school level. Circumstances which necessitate child labour will be addressed and the process of abolition of child labour will be accelerated. Adoption of orphan children will be promoted.

Health, including reproductive health, is another priority area. The use of diagnostic techniques for prenatal sex determination to avoid a female child has already been made illegal. Much more than this, it is important to build up public opinion and social pressure against such misdirected use of technology. Family life education and pre-marital and marriage counselling will be introduced in the appropriate cultural context for promoting responsible parenthood.

One of the factors which influence the use of contraception by couples is the degree of expectation of survival of their progeny. Birth rate tends to reduce with decrease in infant and child mortality rates. Acceleration of the decline in infant and child mortality rates would be ensured by addressing common causes of childhood morbidity and mortality.

Mortality in the newborn period contributes to over 60 per cent of the infant mortality. Special efforts would be directed towards reducing neonatal mortality.

Traditional birth attendants, para medical workers and the community would be oriented towards home management of newborn infants, with emphasis on prevention of common causes of neonatal mortality.

In addition to universalising immunization of all infants against diphtheria, pertussis, tetanus, measles, tuberculosis and poliomyelitis and against other diseases, vaccination against which may be included in the Programme at a later date, prevention of child death due to diarrhoeal diseases and acute respiratory diseases would be implemented.

Youth

India continues to be a youthful country and for several decades to come, the proportion of youth will continue to be high. Therefore, every effort will be made to inculcate in youth, the dynamics of population growth and the concept of **responsible parenthood.** Youth organisation like NCC, NSS, Scouts and Guides, Nehru Yuvak Kendras etc. will be harnessed for activities related to population and social development. Students of medical colleges will be involved in preparing the district health and population profile.

Non-Governmental Organisations (NGOs)

A new climate of partnership between Government and voluntary and non-Governmental organisations will be created to encourage the extensive participation of such organisations at all stages and at all levels in the national programme for population stabilisation and social development. After mutual consultations, criteria will be developed to identify such organisations as will be eligible for financial and technical assistance. Indices for accountability, monitoring and evaluation will also be developed.

Monitoring and Evaluation

Currently, the monitoring and evaluation of the family welfare programme is being done by the Evaluation and Intelligence Division in the Department of Family Welfare. A new system of reporting of client data, incorporating quality aspects, has already been introduced. At present, female Multi-Purpose Workers (ANMs) in sub-centred are burdened with several registers for maintaining and reporting routine data on MCH and family planning. The eligible couple registers are often not being maintained properly. A Management Information System (MIS) will be extended all over the country. It will also be necessary to conduct field surveys periodically to supplement the routinely collected data. It will be necessary to generate data on birth, death, maternal and infant mortality rates and age at marriage, at the **district** and **block** levels. At present, the vital statistics division in the Office of Registrar General conducts regular sample surveys under the sample Registration System (SRS) to yield data on birth, death rates etc but because of the size and scatter of samples, such data are not available at the district level, which is a prime requirement. The data generated at district and block levels to facilitate planning.

It is not necessary to centralise such data collection or estimation. The whole work can be decentralised to the State level and even district level, provided a uniform format is maintained for collection of such data and a proper manual prepared in order to eliminate any bias on the part of investigators. Modern techniques of sampling for generating statistics of small areas can be effectively used. In particular, data must be collected on the age at marriage and marriage rate in order to enforce the Child Marriage Restraint Act, which prohibits marriage below the specified age limits. The Central Government will enact a comprehensive **Marriage Registration Act** which will make it obligatory to register marriages all over the country. Judging by the experience of the Compulsory Registration of Births and Deaths Act which has so far not succeeded in getting reliable and complete data on births and deaths in most States of India, it would be unrealistic to rely on legislation alone. Hence, this is a fit area for a decentralised approach and accordingly, data on births, deaths and marriages will be collected and the fullest coverage ensured through village panchayats and nagarpalikas.

International migration as a proportion of total population is small. Nevertheless, at the local and sub-regional level distress migration as well as illegal migration create serious problems with far reaching implications. The Census cannot give any estimate of illegal international migration. Therefore, a suitable monitoring mechanism will be established for confidential assessment of illegal migration on a yearly basis in order to take effective steps to deal with such migration.

Strengthening of Data Bases

In future, greater demands will be made on the statistical system by planners and policy makers in view of the key role assigned to social development in this policy. The decennial Census is the most important single source of demographic data. The office of the Registrar General will be strengthened in order to enable it to conduct smoothly the Census of 2001 A.D., covering over a billion people.

Social and Bio-medical Research and Technology

Networking among the existing institutions engaged in research and training in population dynamics, health and related subjects will be promoted and new areas

of research taken up to give the crucial research back-up to population programmes and policies. At the same time, basic and theoretical research with long-term perspectives will be encouraged. All institutions concerned and in particular, the International Institute for Population Sciences (IIPS), the National Institute of Health and Family Welfare (NIHFW), State Institutes of Health and Family Welfare and the Population Research Centres at various universities and research institutions, will be given autonomy and the fullest academic freedom in order to generate an environment of creativity, original thinking and sensitivity to social concerns. Bio-medical research including traditional and frontier technologies will be promoted and funded in suitable institutions. Effective co-ordination with the Indian Council of Medical Research (ICMR), the Indian Council of Social Sciences Research (ICSSR) and other agencies will be ensured. The fullest cooperation of professional associations and selected NGOs will be sought in research and training programmes. A data base will be developed on indigenous knowledge systems and methods with reference to contraception.

Research on biomedical and social sciences relevant to population stabilisation will be strengthened. The **ethical aspects** of field testing of new contraceptive technologies will be thoroughly examined. Every effort will be made to attract young scholars to work on population issues, particularly on building indigenous knowledge systems and practices relevant to health and family planning.

Production technology for contraceptive, vaccines and equipment will be reviewed and upgraded, and efforts will be made to improve the level of self-sufficiency.

Differential Approaches

The Department of Family Welfare has an existing policy of providing additional resources to identified areas, mainly for augmenting infrastructure and training.

While the approach will continue, the areas to be selected shall be identified on the basis of :

(i) Need for additional resources to compress the time required for reaching the stated goal of Total Fertility Rate.

(ii) Adverse indicators of reproductive health status of the population.

Nutrition

Provision of a adequate and balanced nutrition to women and pre-school children are critical interventions for reducing maternal mortality arising out of nutritional deficiencies like anaemia, for ensuring proper growth of the foetus, and for ensuring the health and well being of children.

Pregnancy placeds a heavy demand on the nutritional needs of women. Her caloric requirements increase by about 600 kcal a day in addition to the increased requirements of iron, other micronutrients and vitamins. In the absence of proper care, a third of the children are born malnourished with a birth weight of less than 2.5 kg and start life at a disadvantage. One in five maternal deaths is due to cardiac failure attributable to severe anaemia.

The nutritional status during infancy and childhood has a pivotal role in determining child survival. Promotion of exclusive breastfeeding in early infancy and appropriate weaning practices would be undertaken.

A balanced diet is essential for healthy growth. Malnutrition increases the risk of infections and death in children and reduces the quality of life. Infections have an adverse impact on the nutritional status. Prevention and appropriate treatment of diarrhoea, measles and other infections in infancy and early childhood are important to reduce malnutrition rate. The degree of malnutrition and its detrimental effect on health is highest in the last trimester of pregnancy and in the first 12 months of life. If the vicious cycle of malnutrition and infections can be prevented in infancy and infants become healthier and better nourished, the positive impact will also be reflected in the older age groups. Focussed and concerted attention will be directed to improving maternal and infant nutrition through community awareness, and food and micronutrient supplementation.

All States and Union Territories will be encouraged to institute programmes for providing supplementary nutrition to pregnant and lactating women and pre-school children or sections thereof, identified either on the basis of socio-economic indicators or on the basis of health status.

Funding of the National Family Welfare Programme

The National Family Welfare Programme has continued to be underfunded consistently, with the result that large arrears payable to State have accumulated. As reducing the rate of growth of population is recognised as a priority action area, funding shall be need-based.

Introduction of User Charges

All States and Union Territories will be encouraged to introduce user charges for services rendered and supplies provided under the National Family Welfare Programme where demand for such supplies/services exists. Care will be taken to ensure that pricing does not restrict access.

Such user charges are intended not only as a method of funding the programme, but also for ensuring greater accountability of service providers to their clients and improving the quality of services rendered.

User charges may be introduced at a pace appropriate to the situation and graded according to various parameters, including the economic status of the user.

The institution or facility levying user charges shall be allowed to policies/guidelines to be laid down by the State/UT. Recurring grants to such facilities/institutions being inadequate to meet the requirements for renovation and supplies, the user change could become a useful supplementary source.

Funding support to NGOs shall be designed to make the NGO self-sustaining, through user charges or through community support, including support from local bodies, within a mutually agreed time frame.

Conclusion

This Policy is based on the premise that positive, forward-looking and proactive efforts leading to the achievement of its goals within and specific time-frame are not only necessary, but their accomplishment is well within the capacity of the State and Central Governments and of the people.

National Tuberculosis Control Programme

*157. SHRI A.C. JOS :
SHRI MOHAN RAWALE :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the National Tuberculosis Control Programme has been affected due to shortage of funds and drugs;

(b) if so, the details thereof;

(c) the details of funds allocated and actual expenditure incurred for the said programme during the last three years;

(d) whether there is any shortfall in expenditure, if so, the reasons therefor; and

(e) the measures taken by the Government to meet the shortage of funds and drugs to control TB and to make the National Tuberculosis Control Programme a success in the real sense?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI) : (a) to (e). The Central Government provides 50% of drugs for the estimated number of new cases reported under the Programme and X-Ray films rolls to the States.

The allocation of funds and actual expenditure incurred for the said Programme during the last three years is as under

(Rs. in crores)

Year	Central Allocation	Actual Expenditure out of Central Assistance
1993-94	37.42	17.19
1994-95	46.00	32.16
1995-96	46.00	41.18

The State Governments incur expenditure on meeting operational costs of the Programme and 50% requirement of drugs. The shortfall in expenditure was due to non-execution of supply orders and late supply of drugs to the Government Medical Depots by the suppliers.

A revised strategy of T.B. Control Programme has been adopted to overcome the shortcomings in the National Programme. This strategy involves directly observed Treatment (DOT), improved sputum microscopy, and intensive supervision and monitoring. This strategy is proposed to be implemented with World Bank assistance initially in 102 districts of the country.

Sports and Youth Welfare Policy

*158. SHRI V.M. SUDHEERAN :
SHRI SANDIPAN THORAT :

Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state :

(a) whether the Government are considering to formulate sports and youth welfare policy; and

(b) if so, the details thereof?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI S.R. BOMMAI) : (a) and (b). Separate National Sports and Youth Policies already exist. A copy each thereof is enclosed as Statement. There is a proposal to re-formulate these policies with a view to making them more need-based.

STATEMENT

National Youth Policy

Youth, in all ages, has been in the vanguard of progress and social change. Thirst for freedom, impatience for quicker pace of progress and a passion for innovation, coupled with idealism and creative fervour, saw the youth in the forefront of the freedom struggle in our own land. If our youth was inspired by the call of the Father of the Nation in the first half of this century, the youth of today face the challenge of